

**NATIONAL FLOOR COVERING ASSOCIATION**

**INSTALLATION REVIEW GUIDE - RESILIENT SHEET FLOORING**

Project Name: \_\_\_\_\_  
 Project Address: \_\_\_\_\_  
 Product Location: \_\_\_\_\_  
 (list room areas) \_\_\_\_\_  
 Owner's Name: \_\_\_\_\_  
 Flooring Contractor: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Inspection / Claim No.: \_\_\_\_\_  
 Inspector: \_\_\_\_\_  
 Inspection Date (D/M/Yr): \_\_\_\_\_  
 Installation Date (D/M/Yr): \_\_\_\_\_  
 Owner's Phone No.: \_\_\_\_\_

**NOTE: Review Evaluations must be based on Industry recommendations and applicable NFCA standards.**

Review Report: 1  2  3  4   
 (Refer to last page)

ITEM	Not Applicable	Acceptable	Not Acceptable	Brief Explanation
<b>Substrate:</b>				
Substrate locations				Below Grade ___ on Grade ___ Above Grade ___
Substrate system / type				
Underlayment type / material				
Substrate condition				
Level and flatness tolerance				
Testing provided				Moisture Test: _____ Alkalinity Test: _____
<b>Environment:</b>				
Environment Condition				Area Temperature: _____ Substrate Temperature: _____
Heating System Type				Humidity Level: _____
Materials conditioned prior to installation				
<b>Materials:</b>				
Flooring Manufacturer / Product				Pattern No.: _____ Lot No.: _____
Material thickness				Thickness: _____
Material backing				Backing Type: _____
Material flaws				
Material damage				Freight ___ Creased / Torn ___ Stained ___ Other: _____
Shading / colour variations between sheets				
Pattern mismatch between sheets				
Surface indenting				

Project Name: \_\_\_\_\_

Inspection / Claim No.: \_\_\_\_\_

ITEM	Not Applicable	Acceptable	Not Acceptable	Brief Explanation
Surface staining				
Adhesive Type				
Accessories / Edgings				Types:
Other				
Workmanship:	Not Applicable	Acceptable	Not Acceptable	Brief Explanation
Substrate preparation (patching, etc.)				
Adhesive application / correct trowel size				
Overall bond of flooring				
Bond along end and side walls				
General layout and seam direction				
Pattern match / alignment across seams				
Fill placements / locations				
Neat / Tight-fits along walls and abutments				
Seam tightness / appearance				
Seam finish – Sealed / Welded				
Flash-coved base installation				
Top-set base installation				
Clean-up of adhesive spills				
General flooring clean-up / scrap removal				
Protective coverings installed				
Other				
Flooring Failure Attributable to:	Not Applicable	Apparent Cause	Brief Explanation	
Quality of workmanship				
Type of subfloor / location				
Excessive subfloor irregularities				

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<b>Flooring Failure Attributable to:</b>	<b>Not Applicable</b>	<b>Apparent Cause</b>	<b>Brief Explanation</b>
Moisture condition in area of failure			
Area flooding			
Excessive or insufficient heat in area			
Subfloor contamination migration			
Expansion / contraction of flooring			
Adhesive bonding failure			
Lifting of patching compound			
Substrate movement			
Construction / trade damage			
Other:			
<b>Owner Attributable Flooring Failure:</b>	<b>Not Applicable</b>	<b>Apparent Cause</b>	<b>Brief Explanation</b>
Traffic discoloration			
Sunlight / heat discoloration			
Moving damage			
Surface staining			
Surface indenting			
Scuffing of surface finish			
Inadequate / incorrect maintenance			
Other:			
<b>Maintenance Information:</b>	<b>Name / Type</b>		<b>Brief Explanation</b>
Cleaning Frequency    Light Heavy			
Cleaning products used			
Cleaning methods used			
Other:			

Project Name: \_\_\_\_\_

Inspection / Claim No.: \_\_\_\_\_

Recommendations: Floor Covering Contractor Replace / Adjust \_\_\_\_\_

Owner / Builder to assume Responsibility \_\_\_\_\_

Comments:

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Description / Diagram of Area:

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Review Reports:

- 1 Pre-Installation Report      Date: \_\_\_\_\_      Inspector: \_\_\_\_\_
- 2 Interim Report      Date: \_\_\_\_\_      Inspector: \_\_\_\_\_
- 3 Final Report      Date: \_\_\_\_\_      Inspector: \_\_\_\_\_
- 4 Post-Installation Report      Date: \_\_\_\_\_      Inspector: \_\_\_\_\_